

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number 10/735,340 Filing Date December 12, 2003 First Named Inventor Adam GOLD Art Unit 3734 Examiner Name M. Mendoza Attorney Docket Number 506512002100
---	--

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the practitioners of record;
 the practitioners (with registration numbers) of record listed on the attached paper(s); or
 the practitioners of record associated with Customer Number: _____ 25226

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

<input type="checkbox"/> 10.40(b)(1)	<input type="checkbox"/> 10.40(b)(2)	<input type="checkbox"/> 10.40(b)(3)	<input checked="" type="checkbox"/> 10.40(b)(4)
<input type="checkbox"/> 10.40(c)(1)(i)	<input type="checkbox"/> 10.40(c)(1)(ii)	<input type="checkbox"/> 10.40(c)(1)(iii)	<input type="checkbox"/> 10.40(c)(1)(iv)
<input type="checkbox"/> 10.40(c)(1)(v)	<input type="checkbox"/> 10.40(c)(1)(vi)	<input type="checkbox"/> 10.40(c)(2)	<input type="checkbox"/> 10.40(c)(3)
<input type="checkbox"/> 10.40(c)(4)	<input type="checkbox"/> 10.40(c)(5)	<input type="checkbox"/> 10.40(c)(6) Please explain below:	

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

1. I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
2. I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
3. I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

The practitioners have been discharged by the assignee/client. The assignee/client has requested transfer.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. The address of the inventor or assignee associated with Customer Number: _____

OR

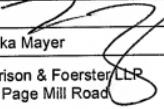
B. Inventor or
Assignee Name Novare Surgical Systems, Inc.

Address 10440A Bubb Road

City	Cupertino	State	CA	Zip	95014	Country	US
------	-----------	-------	----	-----	-------	---------	----

Telephone	Email	kbertsch@novaresurgical.com
-----------	-------	-----------------------------

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature							
Name	Milka Mayer				Registration No.	47,777	
Address	Morrison & Foerster LLP 755 Page Mill Road						
City	Palo Alto	State	CA	Zip	94304-1018	Country	US
Date	February 11, 2011				Telephone No. (650) 813-4298		

NOTE: Withdrawal is effective when approved rather than when received.